

Request for Qualifications Design-Build Old Town Sewer Repair Project



City of Eureka

November 13, 2015

**CITY OF EUREKA
REQUEST FOR QUALIFICATION
OF DESIGN-BUILD ENTITIES SEEKING TO BID
THE OLD TOWN SEWER REPAIR PROJECT
IN THE EUREKA OLD TOWN HISTORIC DISTRICT**

Notice is hereby given that the City of Eureka wishes to engage the services of a Design-Build (D-B) Entity to complete the Old Town Sewer Repair Project (Project) in the Eureka Old Town Historic District, in Eureka California. Any D-B Entity wishing be considered for the Project must complete the attached prequalification questionnaire, provide all materials requested, and be approved by the City to be placed on the final Bidders List. Contractors working on Public Works projects for the City of Eureka must also be registered with the Department of Industrial Relations. Pre-qualified D-B Entities will be invited to respond to a Request for Proposals. Proposals will not be accepted from any D-B Entity that has not been pre-qualified.

The City of Eureka will use the Pre-Qualifications Questionnaire as the basis of rating the D-B Entity. The City reserves the right to check other available sources for information. The City's decision will be based on an objective evaluation of the criteria. The City reserves the right to adjust, increase, limit, suspend or rescind the prequalification rating based on subsequently learned information.

Each questionnaire must be signed under penalty of perjury in the manner designated at the end of the form, by all members of the D-B Entity. If any information provided becomes inaccurate, the D-B Entity must immediately notify the Owner's Representative and provide updated accurate information in writing, under penalty of perjury.

The City of Eureka reserves the right to waive minor irregularities and omissions in the information contained in any materials submitted and to make all final determinations based on the information they have collected.

The last date to submit a fully completed questionnaire is December 21, 2015. D-B Entities are encouraged to submit prequalification packages as soon as possible, so that the City can start their review and could notify the Entity of any omissions or requests for additional information well in advance of their final decision. The RFP will be issued in early-January.

BACKGROUND

The City of Eureka's Sewer Main Replacement Program is responsible for the replacement of deteriorated, damaged, dysfunctional, and/or aged sanitary sewer mains, manholes, and laterals throughout the jurisdictional limits of the City. The purpose of sewer main replacement is to reduce maintenance requirements, inflow and infiltration, and the potential for structural failures to occur. Sewer mains have a programmed life expectancy of between 40 and 60 years, depending on soil conditions and material type, and much of the wastewater collection system

infrastructure owned and maintained by the City is due for replacement. Public works maintenance staff have recorded CCTV video inspections and produced PACP and field maintenance inspection reports, as well as documentation of reported problem areas and failures, in order to prioritize wastewater main sections in greatest need of replacement. Sewer mains identified for replacement this year are primarily located within the Eureka Old Town Historic District.

SCOPE OF PROJECT

The City of Eureka wishes to engage the services of a D-B Entity to design and construct/replace deteriorated sewer mains, laterals, and manholes using a combination of trenchless and traditional open cut pipe replacement methods. A Preliminary Basis of Design (BOD) report was prepared to provide information about the existing system as well as present the Owner's Project Requirements (OPR) and criteria that will be used in the design of the system. Pipe bursting has been identified as the preferred replacement method.

The scope of work will include, but may not be limited to;

1. Acquisition and delivery of all equipment and materials,
2. All aspects of construction,
3. Traffic Control,
4. Sewer Bypass Plan and implementation,
5. As-Built drawings,
6. Design work as required.

FUNDING/ESTIMATED BUDGET

The project will be funded from the City of Eureka's Enterprise Wastewater Fund. The Engineer's Opinion of Probable Cost for the completed Project is \$1,100,000.

INSURANCE/BONDING REQUIREMENTS

Attachment 1 contains the City of Eureka's Insurance Requirements. The limits are listed below.

General Liability Insurance: \$2,000,000 Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.

Automobile Liability: "Any Auto" \$2,000,000 Combined Single Limit per accident for bodily injury and property damage.

Workers Compensation: Worker's Compensation Insurance as required by the State of California and Employer's Liability Insurance of \$1,000,000 per accident for bodily injury of disease.

Professional Liability Insurance: \$2,000,000 per claim and in aggregate.

Payment Bond: 100% of the contract amount (estimated \$1,100,000).

Performance Bond: 100% of the contract amount (estimated \$1,100,000).

ANTICIPATED SCHEDULE

The goal is to complete the Project by June 2016 in order to fulfill critical maintenance objectives and expend annual allocated funds.

- RFQ Released November 13, 2015
- RFQ Responses Due December 21, 2015
- Pre-Qualification Process Complete January 8, 2016
- Request for Proposals Released January 12, 2016
- Request for Proposals Due February 2, 2016
- Contract Award February 15, 2016

QUESTIONNAIRE SUBMITTAL AND EVALUATION

Submittal: The RFQ response should be submitted to the Owner's Representative by December 21st at 5PM at the following street address or emailed to salzman@greenwaypartners.net.

Greenway Partners
1385 8th St., Ste 201
Arcata, CA 95521
Attn: Steve Salzman, P.E.

Questions: Questions on the project and process will be accepted until December 3, 2015. All questions will be answered with an addendum that will be released on December 10, 2015. Questions about the RFQ can be emailed to salzman@greenwaypartners.net.

Evaluation: The qualifications-based selection process for the RFQ has been adapted from Department of Industrial Relations questionnaire and scoring system. Basic information is requested about the D-B Entity and their Team Members, their business structure, their qualifications, insurance and bonding capabilities, labor practices and legal issues. Some of the questions are scored. The summation of the scores are used to rate the D-B Entities.

Short List: Each firm responding to this RFQ will be evaluated based on the qualifications and experience of the D-B Entity and its Team Members included in the questionnaire. The City reserves the right to ask additional questions and for clarifications of previously submitted materials. After evaluating the responses to this RFQ, the City will short-list up to four D-B Entities that it considers to be the best qualified to respond to the RFP.

REQUEST FOR PROPOSALS

Request for Proposals: The short-listed teams will be invited to submit formal proposals for the complete design, construction, and commissioning of the sewer pipe replacement project. The

technical submittal requirements will be included in the RFP. The RFP will also contain; 1) a form of the Agreement with the Owner containing the contract terms and conditions, 2) a copy of the most recent Basis of Design and 3) a proposed Project schedule. The BOD will include relevant technical details associated with the Project, including but not limited to; narrative descriptions of the existing and desired components to be replaced, the Owner's Project Requirements, prioritized sewer main sections to be replaced with utility maps of the area, PACP reports of prioritized sections, and maintenance staff field maps. CCTV video will also be available upon request.

Interviews: After submitting responses to the RFP, the short-listed firms will be interviewed by the City's review team. The purpose of the interview will be to meet the proposed D-B Team leaders, become familiar with key personnel, and understand the project approach and proposed design and the ability to meet the Owner's Project Requirements for the Project. Interviewees should be prepared to discuss with specificity the firm's capacity to complete this work in compliance with the timetable and budget expectations. The City's Representative will notify each short-listed firm to schedule individual times for the interviews.

Selection: The selection of the D-B Team will be made on the basis of the best-value to the City. Best-value will be determined by evaluation of objective criteria related to price, features, functions, life cycle costs, contractor's experience and past performance. A best-value determination may entail selection of the lowest priced, technically acceptable proposal or selection of the best proposal at a fixed price established by the procuring agency, or it may consist of a trade-off between price and other specified factors.

Negotiations: The top-rated D-B Entity will enter negotiations with the City to develop a final scope of work and delivery schedule and a Guaranteed Maximum Price (GMP) proposal. The City reserves the right to request revisions to the selected proposal, hold discussions and negotiate a best and final offer. Negotiations will be conducted in good faith. Either party will be allowed to suggest modifications to the concepts, equipment, facilities and systems contained in the proposal and/or the Basis of Design. If the City is convinced that the changes will result in a better system or in a lower overall cost they will direct the contractor to provide a revised scope of work and an adjusted contract price. After review and concurrence with the revisions, the contract will be signed. If the City cannot reach an agreement with the top-rated D-B Entity, the second-rated D-B Entity will be invited to enter the negotiations process.

Attachment A: COE Insurance Requirements



INSURANCE REQUIREMENTS FOR THE CITY OF EUREKA

IMPORTANT NOTE

Contractors/Homeowners shall not perform any work, or allow any work to be performed, on behalf of the City or in the City right-of-way, until the insurance documents described below have been accepted by the City. All Contractors/Homeowners sign an agreement with the City, and that agreement includes the requirement to provide additional insured, primary coverage and cancellation endorsements for the work to be performed. Providing insurance documents that are acceptable to the City can take several days, and sometimes weeks or months. This is because the City of Eureka, along with 14 other small, northern California cities, belongs to a self-insured risk management pool, the Redwood Empire Municipal Insurance Fund (REMIF). The pool exists to protect the funds of these cities and to allow those funds, to the greatest extent possible, to be used for City services, and not to pay insurance claims or legal fees unless the City is found to be negligent. As a result, our insurance requirements may be somewhat different than what is generally required of insurers. However, these requirements are set by REMIF, and each city must follow the requirements or risk being expelled from the pool.

Certificates and Endorsements may be faxed to (707)441-4202 or emailed to engineering@ci.eureka.ca.gov

Questions may be addressed to the Engineering Department at (707)441-4194

When you are doing work for the City; originals must be sent to: Attn: Engineering, 531 K Street, Eureka, CA 95501-1165

Prior to performing work for the City of Eureka, or receiving an encroachment permit to perform work in the City right-of-way, the Contractor and/or Homeowner, including any and all subcontractors working for the Contractor/Homeowner, shall furnish the following documents to the Engineering Department for approval. Coverage shall be effective throughout the term of the permit.

HOMEOWNERS:

1. A copy of the Homeowners Insurance Policy declarations page, showing coverage is currently in effect, and will remain in effect throughout the project period.
2. An additional insured endorsement which includes the following language, *"The City of Eureka, including its officers, officials, employees, and volunteers, are insureds"*.

NOTE: If the agent/broker is unable to name the City as additional insured, the agent/broker shall provide a memo or letter to the Engineering Department so indicating.

CONTRACTORS:

Certificates of Insurance with original, authorized signatures, providing the following minimum insurance coverage(s):

1. **General Liability:** \$2,000,000 Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.
2. **Automobile Liability:** "Any Auto" \$2,000,000 Combined Single Limit per accident for bodily injury and property damage.
3. **Workers' Compensation:** Workers' Compensation Insurance as required by the State of California and Employer's Liability Insurance of \$1,000,000 per accident for bodily injury or disease.

All insurance carriers shall be rated A:VII or better and certificates **SHALL** be accompanied by the following endorsements:

A. **LIABILITY INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:
"The City of Eureka, including its officers, officials, employees, and volunteers, are insureds".
3. A statement that includes the following language:
"The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it."
4. A statement that includes the following language:
"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."

NOTES:

- a. A CG 20 10 11 85 Form is preferred for the General Liability additional insured Endorsement, but alternative endorsements may be substituted, with approval by the City. The City can now accept either a CG 20 10 10 01 or a CG 20 33 10 01 (or some form specific to a particular insurance company that has similar wording) as long as the form is accompanied by a CG 20 37 10 01.

FOR ENCROACHMENT PERMITS **ONLY**: A CG 20 12 07 98 will be accepted in lieu of the endorsements noted in a, above.

- b. Policies that include endorsement numbers CG 22 94 10 01 and/or CG 22 95 10 01, or have the endorsement wording written into the policy **DO NOT** satisfy the City's insurance requirements, and **WILL NOT** be accepted.
- c. The City will accept strike out of the words "endeavor to" and everything after, "...certificate holder named to the left," on the Certificate of Insurance in lieu of cancellation language on an endorsement.

B. **AUTOMOBILE INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:
"The City of Eureka, including its officers, officials, employees, and volunteers, are insureds".
3. A statement that includes the following language:
"The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it."
4. A statement that includes the following language:
"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."

NOTE:

Within having "Any Auto" coverage we are willing to accept a memo from most brokers that would state "Scheduled Autos, Hired Autos, and Non-Owned Autos" also meet the City's requirements for coverage minimums.

C. **WORKERS' COMPENSATION INSURANCE ENDORSEMENT** containing the following specific components:

1. A waiver of subrogation clause which states the following:
"This insurance company agrees to waive all rights of subrogation against the City of Eureka, its officers, officials, employees, and volunteers for losses paid under the terms of this policy which arise from the work performed by the named insured for the City."
2. The insurance policy number.
3. A statement that includes the following language:
"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."

NOTE:

- a. Certificates issued by State Compensation Insurance Fund **must have** State Fund endorsement numbers 2065 and 2570 on them.

Subcontractors performing work within the City Right-of-Way, or for Contractor's working on behalf of the City, shall either be included upon the Contractor's policies as insured's, or shall furnish separate certificates and endorsements to the Engineering Department. All coverage for subcontractors shall be subject to all of the insurance requirements stated previously herein for the Contractor, and shall be effective throughout the term of the permit.

Note: Alternative forms are subject to approval by the City of Eureka.

The City of Eureka reserves the right to require more or less coverage than indicated above, and to reject any language or forms that do not meet the City's requirements. The use of umbrella policies to provide required coverage is permissible, providing the umbrella policies are appropriately endorsed and meet all other requirements.

-INSURANCE FORM SAMPLES FOLLOW-

CERTIFICATE OF INSURANCE THE CITY OF EUREKA, CALIFORNIA

ISSUE DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE:

BEST'S RATING

INSURER A: _____

INSURER B: _____

INSURER C: _____

INSURER D: _____

INSURER E: _____

INSURED

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> OTHER				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED. EXP. (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS COMP/OP AGG.	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below.				WC STATUTORY LIMITS	OTHER \$
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	PROPERTY INSURANCE <input type="checkbox"/> COURSE OF CONSTRUCTION				AMOUNT OF INSURANCE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

THE FOLLOWING PROVISIONS APPLY:

- None of the above-described policies will be canceled until after 30 days' written notice has been given to the City at the address indicated below.
- The City, its officials, officers, employees and volunteers are added as insureds on all liability insurance policies listed above.
- It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
- The City is named a loss payee on the property insurance policy listed above, if any.
- All rights of subrogation under the property insurance policy listed above have been waived against the City.
- The workers' compensation insurer named above, if any, agrees to waive all rights of subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

CERTIFICATE HOLDER/ADDITIONAL INSURED
THE CITY OF EUREKA
531 K STREET
EUREKA, CA 95501-1165

AUTHORIZED REPRESENTATIVE

SIGNATURE _____

TITLE _____

PHONE NO. _____

POLICY NUMBER: _____ ISSUE DATE: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE State Or Political Subdivision:

The City of Eureka, its officers, elected officials, employees, agents and volunteers are named as additional insured.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
 - a. “Bodily injury,” “property damage” or personal and advertising injury” arising out of operations performed for the state or municipality; or
 - b. “Bodily injury” or “property damage” included within the “products-completed operations hazard.”

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED -- OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE

SCHEDULE

NAME OF ORGANIZATION:

CITY OF EUREKA

531 K STREET

EUREKA, CALIFORNIA 95501-1165

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Modifications to ISO form CG 20 10 11 85:

1. The insured scheduled above includes the Insured's officers, officials, employees, and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by mail has been given to the City.

Signature-Authorized Representative

Address

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT FOR THE CITY OF EUREKA, CALIFORNIA		ENDORSEMENT NO.	ISSUE DATE (MM/DD/YY)
PRODUCER Telephone _____		POLICY INFORMATION: Insurance Company: _____ Policy No. _____ Policy Period: (from) _____ to) _____	
NAMED INSURED _____		OTHER PROVISIONS _____	
CLAIMS: Underwriter's representative for claims pursuant to this insurance. Name: _____ Address: _____ Telephone: _____		EMPLOYERS LIABILITY LIMITS \$ _____ (Each Accident) \$ _____ (Disease-Policy Limit) \$ _____ (Disease-Each Employee)	
In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. CANCELLATION NOTICE. This insurance shall not be canceled, except after thirty (30) days prior written notice by receipted delivery has been given to the City. 2. WAIVER OF SUBROGATION. This Insurance Company agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers for losses paid under the terms of this policy which arise from the work performed by the Named Insured for the City. Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.			
ENDORSEMENT HOLDER			
CITY OF EUREKA 531 K STREET EUREKA, CALIFORNIA 95501-1165		AUTHORIZED <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Underwriter <input type="checkbox"/> _____ REPRESENTATIVE I _____ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature _____ (original signature required) Telephone: (_____) _____ Date Signed _____	

Pre-Qualification Questionnaire For Design-Build Entities Old Town Sewer Repair Project



City of Eureka
November 13, 2015

The City of Eureka wishes to engage the services of a Design-Build (D-B) Entity for the Old Town Sewer Repair (Project) in the Eureka Old Town Historic District. This Questionnaire will provide the information necessary for the City to pre-qualify D-B Entities that will be invited to bid on the Project. A Request for Proposals (RFP) will be circulated to pre-qualified teams and a D-B Entity will be selected based on the “best-value” to the City.

The information being collected by the questionnaire includes:

- I. Names and Contact Information
- II. Type of Legal Entity
- III. Design-Build Entity’s Organization and Qualifications
- IV. Team Member’s Experience and Qualifications
- V. Insurance Policies
- VI. Finances and Bonding Capabilities
- VII. Safety Record
- VIII. Legal Issues
- IX. Signatures

All sections must be completed and the entire document signed under penalty of perjury.

I. Names and Contact Information

1. Design-Build Entity: _____
2. Design-Build Entity Contact Person: _____
Address: _____
Phone: _____ Email: _____
3. General Contracting Firm: _____
General Contractor Contact Person: _____
Address: _____
Phone: _____ Email: _____
4. Principal Engineering Firm: _____
Principal Engineer Contact Person: _____
Address: _____
Phone: _____ Email: _____

5. List all Subcontractors that will be responsible for $\geq 10\%$ of the value of the Project. Other minor Subcontractors may be brought into the Project through a competitive bidding process after the D-B Entity is chosen.

Subcontractor Name	Discipline	License/State

II. Type of Legal Entity

1. Was the D-B Entity formed specifically for this Project? ☐ Yes ☐ No
2. What type of legal entity is the D-B Entity? _____
3. Date of Entity formation or incorporation: _____
4. State in which the Entity was formed or incorporated: _____
5. List the owners, corporate officers, joint venture firms, partners, etc. as appropriate.
- Title: _____ Name: _____
- Title: _____ Name: _____
- Title: _____ Name: _____
- Title: _____ Name: _____
- Title: _____ Name: _____
- Title: _____ Name: _____
6. Has there been any change in ownership of the D-B Entity in the last three years?
- ☐ Yes ☐ No If "yes," briefly explain.

7. Has the Design-Builder changed names or license numbers in the past five years?

☐ Yes

☐ No

If “yes,” briefly explain.

III. Design-Build Entity’s Organization and Qualifications

Provide the following narratives and information as attachments, labeled “Supplemental Information III.1, 2, 3 and 4”). The narratives and the organization chart(s) should be limited to no more than 10 pages.

1. An organization chart including the members and functions of the Design-Build Entity. Identify the people in the roles of project management, project administration, design, construction, construction management, quality assurance and quality control, safety, environmental compliance, subcontractor administration, etc. as it applies to your organization. Please include brief resumes of and references with contact information for the Key Personnel proposed for the Project.
2. A narrative description of the D-Bs’ management and organizational approach for accomplishing this design-build Project. The narrative description should describe the methodology for integrating the D-B Entity and the different areas of expertise within the D-B Team into an efficient and effective organization. The management approach must reflect an understanding of the use of the design-build project delivery methodology for Public Works projects. The narrative description shall also provide a brief description of the significant functional relationships among participants and
3. Describe the scheduling system(s) that will be used for the Project and how it is used to keep the project on schedule. What corrective actions are taken when there are delays?
4. Describe how you estimate the overall costs of a project and how you control costs of unforeseen issues while still satisfying the Owner’s Project Requirements.
5. How many design-build projects have the General Contractor and Principal Engineer involved in this D-B Entity worked together on? _____
6. List the total value of all Public Works design-build contracts and the value of the largest Public Works design-build project which the General Contractor and Principal Engineer have worked together on.

Total Value: _____ Largest Contract: _____

IV. Team Member's Experience and Qualifications

General Contractor Experience and Qualifications

1. Name of General Contractor's Firm: _____
2. Date of company formation or incorporation: _____
3. State of formation or incorporation: _____
4. How many persons does the General Contractor currently employ? _____
5. List State and City licenses currently held by the Subcontractor. California and Eureka licenses will be required. If entity does not have them, state when they will be obtained.

State/License Number	Trade/Classification	Date Issued	Expiration Date

6. Provide information about three projects of similar scope that the General Contractor has completed, in the last five years. Indicate if they were D-B contracts.

Project 1:

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No

Project 2:

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No**Project 3:**

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No**Principal Engineer's Experience and Qualifications**

7. Name of Principal Engineer's Firm: _____

8. Date of company formation or incorporation: _____

9. State of formation or incorporation: _____

10. How many persons does the Engineer currently employ? _____

11. List State and City licenses currently held by the Subcontractor. California and Eureka licenses will be required. If entity does not have them, state when they will be obtained.

State/License Number	Trade/Classification	Date Issued	Expiration Date

12. Provide information about three projects of similar scope that the Principal Engineer has completed, in the last five years. Indicate if they were D-B contracts.

Project 1:

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No

Project 2:

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No

Project 3:

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No

Subcontractor's Experience and Qualifications (include those with $\geq 10\%$ of work)

1. Name of Subcontractor' Firm: _____

2. Date of company formation or incorporation: _____

3. State of formation or incorporation: _____

4. How many persons does the Subcontractor currently employ? _____

5. List State and City licenses currently held by the Subcontractor. California and Eureka licenses will be required. If entity does not have them, state when they will be obtained.

State/License Number	Trade/Classification	Date Issued	Expiration Date

6. Provide information about three projects of similar scope that the Subcontractor has completed, in the last five years. Indicate if they were D-B contracts.

Project 1:

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

_____Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No**Project 2:**

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

_____Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No

Original Project Budget: _____ Final Cost: _____

Original Time Allotted : _____ Extra Days Granted: _____

Was this project completed with the same D-B Team? ☐ Yes ☐ No**Project 3:**

Project Name: _____

Project Owner: _____

Project Contact Name: _____ Phone: _____

Scope of Work: _____

Was the Project completed on time? ☐ Yes ☐ No On budget? ☐ Yes ☐ No
Original Project Budget: _____ Final Cost: _____
Original Time Allotted : _____ Extra Days Granted: _____
Was this project completed with the same D-B Team? ☐ Yes ☐ No

V. Insurance Policies

The City of Eureka's insurance requirements (limits and forms) are provided as Attachment A. They include:

General Liability: \$2,000,000 Combined Single Limit per occurrence.

Automobile Liability: "Any Auto" \$2,000,000 Combined Single Limit per accident.

Worker's Compensation: \$ 1,000,000 per accident.

Professional Liability (Errors and Omissions): \$2,000,000 per occurrence.

1. Does the D-B Entity currently have policies in place or will they be able to obtain such coverage prior to signing a contract? ☐ Yes ☐ No

Provide the name of the insurance company (or companies), policy numbers and policy limits.

Insurance Company: _____

Coverage: _____ Limits: _____

Insurance Company: _____

Coverage: _____ Limits: _____

Insurance Company: _____

Coverage: _____ Limits: _____

Insurance Company: _____

Coverage: _____ Limits: _____

Insurance Company: _____

Coverage: _____ Limits: _____

2. List the Design-Builder's Experience Modification Rate (EMR) (California workers' compensation insurance) for each of the past three premium years:

(NOTE: An Experience Modification Rate is issued to your firm annually by your workers' compensation insurance carrier.) If your EMR for any of these three years is 1.00 or higher you may attach a letter of explanation.

Year: _____	EMR: _____
Year: _____	EMR: _____
Year: _____	EMR: _____

(Compensation insurance coverage for the period that your firm has been in business.)

VI. Finances and Bonding Capabilities

Please attach (labeled as “Supplemental Information VI.1”) a current, “reviewed” financial statement with accompanying notes for the D-B Entity. If the D-B Entity has not been in existence for three years, attach statements from the General Contractor and the Principal Engineer’s firms.

1. What are the D-B Entity’s, the General Contractor and the Principal Engineer’s gross revenues for each of the last three years?

D-B Entity’s gross revenues:

Year: _____	Gross Revenues: _____
Year: _____	Gross Revenues: _____
Year: _____	Gross Revenues: _____

General Contractor’s Gross Revenues:

Year: _____	Gross Revenues: _____
Year: _____	Gross Revenues: _____
Year: _____	Gross Revenues: _____

Principal Engineer’s Gross Revenues:

Year: _____	Gross Revenues: _____
Year: _____	Gross Revenues: _____
Year: _____	Gross Revenues: _____

2. Please attach (as “Supplemental Information VI.2) a notarized statement from an admitted surety insurer (approved by the California Department of Insurance) and authorized to issue bonds in the State of California been attached, which states that the Design Builder’s current bonding capacity is sufficient to provide payment and performance bonds in the amount required by this RFQ.
3. Bonding Company or Surety that will be used for this Project:

Name: _____

Surety Agent: _____

Agent Address: _____

Telephone No.: _____ Email: _____

4. Has a surety firm completed a contract or paid for completion of a contract on behalf of any member of the D-B Entity because they were terminated by the project owner within the last five (5) years? ☐ Yes ☐ No

VII. Safety Record

1. Has CAL OSHA cited and assessed penalties against the Design-Builder or its associates for any "serious," "willful" or "repeat" violations of its safety or health regulations in the past five years? ☐ Yes ☐ No

(NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.)

If "yes," please attach (as "Supplemental Information VII.1) a description of the citations, the party against whom the citation was made, date of citation, nature of the violation, project on which the citation was issued, owner of project, the amount of penalty paid, if any the case number and date of any OSHAB decision.

2. Does the D-B Entity have a written Health and Safety Program? ☐ Yes ☐ No

3. How often does the D-B Entity require documented safety meetings during a project?

4. Has the D-B Entity or the General Contractor been sued for gross negligence associated with an on the job injury or accident in the last 3 years? ☐ Yes ☐ No

If "yes," please provide an explanation of the incident and the ruling. _____

VIII. Legal Issues

1. Have any licenses held by the D-B Entity, the General Contractor or Principal Engineer been revoked or suspended within the last five years?

☐ Yes ☐ No If "yes," please provide a brief explanation.

2. Within the last five years has any member of the D-B Team been declared ineligible; to bid on a Public Works contract; to be awarded a Public Works contract or; to perform work on a Public Works contract?

☐ Yes ☐ No If "yes," please provide a brief explanation.

3. Has the EPA, any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either the D-B Entity, the General Contractor or the Principal Engineer or the owner of a project during the time in which the preceding parties were performing on a contract in the past five years?

☐ Yes ☐ No

(NOTE: If an appeal of the citation has been filed and there is no ruling yet, or if there is a court appeal pending, you need not include information about the citation.)

If "yes," please provide a brief explanation including the citations, the party against whom the citation was made, date of citation, nature of the violation, project on which the citation was issued, owner of project, and the amount of penalty paid, if any. State the case number and date of any decision. _____

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4. Has the D-B Entity, the General Contractor or the Principal Engineer ever been convicted of a crime involving any federal, state, or local law related to construction?

☐ Yes ☐ No

If “yes,” please provide a brief explanation, including identifying who was convicted, the name of the victim, the date of the conviction, the court and case number, the crimes, and the grounds for the conviction. _____

5. Has the D-B Entity , the General Contractor or the Principal Engineer ever been declared by an owner, or found to be in default on a construction contract?

☐ Yes ☐ No

If “yes”, please provide a brief explanation. _____

6. At any time in the last five years has the D-B Entity, the General Contractor or the Principal Engineer been assessed liquidated damages of more than \$25,000 on a construction contract with either a public or private owner?

☐ Yes ☐ No

If “yes”, please provide a brief explanation including identify all such projects by owner, owner’s contact information, name of entity against whom assessment was made, the date of completion of the project, and the amount of liquidated damages assessed.

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7. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for D-B Entity, the General Contractor or the Principal Engineer due to non-payment or contractor losses?

☐ Yes ☐ No

If "yes," please provide a brief explanation and the name of the insured, name the insurance carrier, the form of insurance, and the year of the refusal.

8. Does the D-B Entity, the General Contractor and each proposed Subcontractor seeking pre-qualification, know and understand their obligations regarding the employment of apprentices on public works under the Labor Code and California Code of Regulations, and do they intend to comply with these requirements, including the requirement, if applicable, to request the dispatch of apprentices from an apprenticeship program approved by the California Apprenticeship Council?

☐ Yes ☐ No

9. Will the D-B Entity ensure that its subcontractors responsible for specialty construction work use only "qualified skilled labor" personnel to perform such work?

☐ Yes ☐ No

IX. Signatures

All owners/officers of the Design-Build Entity (corporation, partnership, LLC, etc.) must sign.

I, the undersigned, certify and declare that I have read all the foregoing answers to this Pre-Qualification Questionnaire; that all responses are correct and complete of my own knowledge and belief. I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. Add additional pages for signatures, if necessary.

_____ Authorized Signature	_____ Title and Printed Name
_____ D-B Entity Role	_____ Date
_____ Authorized Signature	_____ Title and Printed Name
_____ D-B Entity Role	_____ Date
_____ Authorized Signature	_____ Title and Printed Name
_____ D-B Entity Role	_____ Date
_____ Authorized Signature	_____ Title and Printed Name
_____ D-B Entity Role	_____ Date